									Application or Docket Number												
	PATENT APPLICATION FEE DETERMINATION RECOF								D .												
Effective October 1, 2000								\$50 -00H3													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY										
TOTAL CLAIMS			23				ſ	RATE	FEE	7	RATE	FEE									
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC F	EE 355.00	OR	BASIC FEE	710.00									
TOTAL CHARGEABLE CLAIMS			23 minus 20=		* 3		Ì	X\$ 9=		OR	X\$18=	<2. · · · ·									
INDEPENDENT CLAIMS			2_minus 3 =		* D			X40=		OR	X80=										
ΜU	ILTIPLE DEPEN	DENT CLAIM PI	RESENT							OR	+270=										
* If	the difference	in column 1 is	ess than zero, enter "0" in colur			olumn 2	L	+135= TOTAI		4		7/11									
CLAIMS AS AMENDED - PART II								TOTAL		OR	OTHER	164-0									
(Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR	SMALL										
AMENDMENT A	*	CLAIMS REMAINING AFTER AMENDMENT	**	HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**		=		X\$ 9=	:	OR	X\$18=										
	Independent	*	Minus	***		=		X40=		OR	X80=										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┞	405		1											
							L	+135=		OR	+270=										
							Α	DDIT. FE		OR	ADDIT. FEE										
		(Column 1) CLAIMS		(Colu		(Column 3)				•											
AMENDMENT B		REMAINING AFTER AMENDMENT		1	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=										
	Independent	*	Minus	***		=		X40=		OR	X80=										
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						I	.105	<u> </u>	1	. 270										
							L	+135=		OR	+270= TOTAL										
							Α	DDIT. FE		OR	ADDIT. FEE										
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									-											
AMENDMENT C		REMAINING AFTER AMENDMENT	5	NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=										
	Independent	*	Minus	***		=	╽┞	X40=	1	OR	X80=										
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╿┝		 	10"		_,									
+135=										OR	+270=										
***	If the "Highest Nui If the "Highest Nu	mber Previously Pa	aid For" IN THI aid For" IN THI	S SPACE I S SPACE	is less tha is less tha	n 20, enter "20.' n 3, enter "3."	A	DDIT. FE	E	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											